

ANE Unit Coversheet	State of Kansas Department for Children and Families Prevention and Protection Services- Adult Protective Services
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TYPE or PRINT LEGIBLY

To:	Abuse /Neglect/Exploitation Unit		Fax No:	785-296-7796	
Date:					
From:					
DCF Service Center:					
Email Address:			Phone Number:		
Incident City & County:					
KIPS Investigation #:					

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Was Law Enforcement involved in the investigation?		No		Yes (complete below)
Was Law Enforcement forwarded the finding?		No		Yes (complete below)
Name of Law Enforcement Officer:				
Law Enforcement Agency:				
Police Report Number: <small>If readily available</small>				
Telephone Number:				
Finding referred to County/District Attorney:		No		Yes (complete below)
Name of County/District Attorney:				

NUMBER OF PAGES:	Cover Sheet plus	pages
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Adult report attachments

<input type="checkbox"/>	PPS 10100
<input type="checkbox"/>	PPS 10110
<input type="checkbox"/>	PPS 10120
<input type="checkbox"/>	PPS 10300
<input type="checkbox"/>	A summary of finding from KIPS Notes
<input type="checkbox"/>	PPS 10350

Information contained in the attached Adult Protective Services Intake document (PPS 10100) was provided by the individual making the report. The accuracy of the information has not been verified or confirmed by DCF.

